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THE GREAT YARMOUTH
EDUCATION AUTHORITY.



THE
ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER,
FOR 1912.

GREAT YARMOUTH:
J. BUCKLE, PRINTER CENTRAL HALL, THEATRE PLAIN.

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*To the Members of the Education Authority of
Great Yarmouth.*

TOWN HALL,

GREAT YARMOUTH,

March, 1913.

MR. MAYOR AND GENTLEMEN,

I beg to submit the fifth Annual Report on the work of School Medical Inspection in this Borough.

Following the scheme originally outlined by the Board of Education, in 1908 two classes of children were examined, viz.: Enterers and Leavers. In 1909 a third group was added, viz.: 8 year olds. In 1910 and 1911 four groups were examined, viz.: Enterers, 8 year olds, 11 year olds, and Leavers. By this means one was enabled to pile up a large number of examinations to the aggrandisement of the statistical records, but it was felt that better work could be done if the routine examinations were lessened and more time spent over the re-examinations and following-up of unhealthy children. The routine examination of children at the 11 year-old period has therefore been omitted, this being the least necessary of the examinations, coming so soon before the final one. Also, as foreshadowed in my last report, the age of children classified as "leavers" has been lowered from 13 to 12½ years. By this means the risk is obviated of a child leaving school under an exemption certificate escaping the final examination, and in addition defects found at this examination can be watched for a longer time.

During the year 1912 the health of the children has been well maintained, except for an outbreak of mumps, which however did not necessitate the closing of any departments.

It will be seen that the number of children on the "excluded list" (see page 31) at the end of the year remains at a low figure (130). It is probable that this figure will not be much further reduced in subsequent years, for it is an indication, not of the healthiness of our children as compared with other towns, but of the value of the organisation whereby

such children are detected. Improvement in the "exclusion" figures is to be looked for in subsequent years chiefly in the number of ringworm cases. The steady reduction of previous years is still shown, the number now being 56 against over 300 which I found upon first taking up this work 5 years ago.

Throughout this report the notation devised by the Board of Education has been followed, but for convenience that part referring to the results of the routine examinations in the schools, made by Dr. Harding, is printed at the end of the book.

(a) *General review of the hygienic conditions prevalent in the schools in the Borough.*

There are 17 elementary schools affording accommodation for 9,441 children. Eleven schools are "provided" schools with 7,173 places, and six schools with 2,268 places are "non-provided."

Of these, twelve schools (nine provided and three non-provided) are housed in modern buildings with adequate hygienic conditions. The remaining schools were built at earlier dates when the necessity of good hygienic conditions in and around school buildings was not so fully recognised as at present. The most marked difference between the two types lies in the improved arrangements for lighting and ventilation, and roomy playgrounds which prevail in the more recent type. The difference in sanitary conveniences is not so marked, defects in these having been remedied in recent years.

(b) *General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service, and for the organization and supervision of medical inspection.*

The two services have been brought into close relationship by the appointment of the Medical Officer of Health as School Medical Officer, and of the Assistant Medical

Officer of Health as Medical Inspector of school children. The whole of the systematic inspections are carried out by the latter, and organized and supervised by the former. In addition the Medical Officer of Health carries out the duties assigned to the School Medical Officer by Circular 596 of the Board.

- (i) The Board's Schedule of Medical Inspection has been followed in every particular, each schedule being afterwards copied, so that there are now two copies of the results of each inspection. This is necessary in order that one may be kept at the school, to be sent to another school or department when the child is transferred; and one to be kept at the Town Hall for reference and statistical purposes.
- (ii) There are two School Nurses, who also act under the Sanitary Authority as Lady Health Visitors. During the actual inspection the Nurse weighs and measures the children, does a preliminary test of the vision, prepares them for examination by loosening their upper garments, and where necessary points out to the parents the need of more hygienic clothing, cleanliness, etc. Apart from attending at inspections the Nurses are engaged in following up and urging medical attendance in cases where treatment is necessary; calling on parents to give the results of inspection in cases where the parent did not attend; and making enquiries in outbreaks of infectious disease, and in cases which require the special attention of the School Medical Officer.

The Head Teachers have been of the greatest use in sending out preliminary notices of inspection to the parents, in giving valuable information about the children, and in bringing forward special cases which otherwise would have been left until they arrived at a scheduled age. In many cases valuable information regarding cases of infectious disease has been afforded by Attendance Officers.

Managers of schools have always shown their willingness to aid the work in every way, so far as lay in their power. In this connection I wish to thank H.M. Inspectors of Schools for their courtesy in not allowing their inspections to clash with the medical ones.

- (iii) Notices were in all cases sent to parents giving the date, and as near as possible the time at which their children would be examined. Three parents were called for each quarter of an hour, and this arrangement is found to work well, for, though this is considerably quicker than the actual rate at which the children are inspected, yet since 20% of the parents did not come, and many of the remainder came late, the result is that no parent is kept waiting long, and very few so long as fifteen minutes.

In 78% of the cases the parents, usually the mother, availed themselves of the opportunity to be present, the actual figures being as follows :—

FIRST EXAMINATION—Infants.

Girls ... Parents attended in 90% of cases.

Boys ... „ „ 90 „

SECOND EXAMINATION—($7\frac{1}{2}$ to $8\frac{1}{2}$ years).

Girls .. Parents attended in 82% of cases.

Boys ... „ „ 77 „

THIRD EXAMINATION—(Over $12\frac{1}{2}$ years)

Girls ... Parents attended in 79% of cases.

Boys ... „ „ 61 „

It will be noticed that in the case of the bigger children, particularly the boys, the parents considered them more capable of attending alone.

In 35 cases (as against 34 last year) the parents formally objected to the examination. It is probable that there will always remain a certain number of objectors, and

that their number will not be much reduced below the present small one.

Any defects found were pointed out to the parents, who, if medical advice was considered necessary, were advised to obtain it without delay. When the parents did not attend they were sent notices which point out the defects and advise medical attendance to be obtained ; in addition the Nurse called on them to explain. Some weeks after the inspection, usually during school holidays, the Nurse calls to enquire as to whether treatment has been obtained, and if not to urge it once more. In this connection the Nurses paid 1446 visits during the year, and found that 22.4% of the children had received proper attention, for the majority of parents have not yet learnt to realise that a child who is not ill may yet have defects which require attention. This is particularly noticeable in cases of bad sight, where the parents do nothing because the child "does not complain."

As far as possible the giving of a definite diagnosis was avoided, this being obviously the duty of the medical attendant. This rule, however, was departed from in cases of contagious diseases, when it is necessary to give a reason for excluding a child from school.

- (iv) The existing school arrangements were disturbed as little as possible, regard being had for special classes, examinations, etc. It is, however, not always possible to avoid inspections during examinations, especially towards the end of the term, when all schools are holding them. In some cases, owing to the lack of a convenient room, the Head Teachers are put to considerable inconvenience, but this cannot be obviated short of structural alterations.

The method followed of taking children in batches of three ensures that a child is only away from its class for about a quarter of an hour on an average.

(c) *Review of the methods employed or available for the treatment of defects.*

The table on page 18 shows that 1000 defects were found in 893 children (32%) to which it was necessary to draw the attention of the parents or teachers. In 144 of these children the defects were remediable by domestic methods, leaving 749 children who required definite treatment, either medical or dental.

The School Nurses paid 1446 visits to the homes of school children during the year, and found that 147 children out of 685 had received proper attention, *i.e.*, 22.4% (of the remaining 538 children no information could be obtained of 33).

The Age-groups were as follows :—

		Advised Treatment.	Obtained.	No Information.
Leavers	...	340	83	22
Infants	...	112	11	6
Eight year olds		233	53	5
		<hr/>	<hr/>	<hr/>
		685	147	33

No treatment was carried out at the expense of the Education Authority. The parents were invariably recommended to seek the advice of their own medical attendant, but in many cases they were unable to afford to pay for any medical treatment, and still less able to pay for treatment for special defects, such as naso-pharyngeal obstruction or defective vision.

Very few children obtained suitable glasses for the remedy of Defective Vision, except through the Great Yarmouth General Hospital. As children living outside the limits of the Ecclesiastical Parish of Great Yarmouth are ineligible for free spectacles from the Hospital, those living in Gorleston and Southtown, as a general rule, do not get glasses at all.

Discharging Ears and Ringworms, Enlarged Tonsils, etc., in most of the cases were treated at the Hospital, a good number by private practitioners, and the remainder by domestic remedies. Very few received no treatment, owing, in cases of discharging ears, to the influence of Head Teachers, being markedly exercised, and in cases of ringworm to the scheme described on page 29. The same scheme deals also with Pediculosis and other Skin Diseases.

(f) *Review of action taken to detect and prevent the spread of Infectious Disease.*

In every case of infectious disease notified to the Medical Officer of Health, enquiries were made as to the existence of children of school age in the infected houses, and 231 children were temporarily excluded from school attendance, either as patients (94) or contacts (137).

In addition 434 children were excluded, 49 at school inspections and 385 at the Education Office (see page 30).

All the above actions were taken under article 53 (b) of the Code.

During the year 1 Infant Department was closed on account of Measles, and 1 for Whooping Cough, under article 57 of the Code. In addition one had the Easter Holidays extended under article 456.

Cases of Ringworm and other contagious diseases are dealt with at the Education Office, and when found to be cured are re-admitted to school. In the case of Ringworm of the scalp, no child is re-admitted until a microscopical examination of the hairs and scurf shows absence of the ringworm fungus. In this connection 125 microscopical examinations were made in the Municipal Laboratory.

Suspected cases of Scarlet Fever and Diphtheria are notified to the Medical Officer of Health by the Head Teachers.

“Contacts” of these diseases are excluded from school for a fortnight, and in the case of diphtheria are not re-admitted unless a bacteriological examination has given a negative result. It is unfortunate that, since the causatory organism of scarlet fever is still unknown, this procedure cannot be followed in both cases.

An alphabetical list of excluded children is kept in the Attendance Officers’ room. This list gives all the particulars necessary for attendance work, and is kept up at the cost of considerable labour.

As there appears to be some misconception on the subject it will not be out of place here to give an account of the methods of exclusion.

- (i.) **Notifiable Infectious Diseases.**—Patients excluded until free from infection ; contacts for the quarantine period (during which they are visited).
- (ii.) **Non-notifiable Infectious Diseases.**—Patients and contacts excluded by the Head Teachers for the periods and under the conditions laid down by the Local Education Authority in their “Standing Medical Orders.” These cases are so numerous that it is impossible for them to be visited.
- (iii.) **Contagious Skin Diseases** and certain conditions of ill-health (*e.g.*, Phthisis) excluded at School Inspections or at the Inspection Clinic.

In i. and iii. exclusion becomes operative by a red notice being sent the Head Teacher ; re-admission by a corresponding white notice. In ii. no notices are necessary, the Standing Orders giving full directions. In iii. many children are excluded longer than necessary, through delaying to report themselves at the Inspection Clinic (or to obtain a certificate from their own doctor) ; this is purely a matter for the Attendance Officers.

(g) *Review of the methods adopted for dealing with Blind, Deaf, Mentally or Physically Defective and Epileptic Children.*

Blind and Deaf Children.—There has recently been opened at Gorleston a school which is shared by a number of authorities, and in which Great Yarmouth has twelve beds.

Epileptic Children are educated in the ordinary schools, except in the very few cases where it would be detrimental to the patient or the other scholars.

Mentally Deficient and Backward Girls have been drafted into a special class, in a separate class room with special teachers, at St. George's Schools.

GENERAL REMARKS.

The following tables give the average heights and weights of children examined during the last five years.

HEIGHTS IN CM.

Age.	BOYS.			GIRLS.		
	Total No.	Total Heights.	Average.	Total No.	Total Heights.	Average.
4 to 4½	518	50566	97.6	489	47298	96.7
4½ to 5	536	53940	100.6	482	47852	99.3
5 to 5½	582	59610	102.4	567	58097	102.5
5½ to 6	408	43106	105.6	462	48560	105.1
7½ to 8	583	68368	117.2	643	74668	116.1
8 to 8½	1105	132683	120.0	1085	128540	118.5
13 to 13½	970	138445	142.7	946	136175	143.9
13½ to 14	760	110390	145.2	624	91440	146.5

WEIGHTS IN KILOS.

Age.	BOYS.			GIRLS.		
	Number.	Total Weights.	Average.	Number.	Total Weights.	Average.
4 to 4 $\frac{1}{2}$	518	8264.8	16	489	7698.2	15.7
4 $\frac{1}{2}$ to 5	536	8949.2	16.7	482	7823.5	16.2
5 to 5 $\frac{1}{2}$	582	9949.4	17.1	567	9605.4	16.9
5 $\frac{1}{2}$ to 6	408	7344.4	18	462	8171.9	17.7
7 $\frac{1}{2}$ to 8	583	12878.4	22.1	643	13774.5	21.4
8 to 8 $\frac{1}{2}$	1105	25284.7	22.9	1085	24036.3	22.1
13 to 13 $\frac{1}{2}$	970	32913.2	33.9	946	33781.4	35.7
13 $\frac{1}{2}$ to 14	760	27659.8	36.4	624	23501.4	37.7

The number of children over the age of 14 years is too small to be of any value.

The following results are obtained from these figures:—

AVERAGE HEIGHT AND WEIGHT OF BOYS.

At Age.	Cm.	Inches.	Kilos.	lbs.
4 $\frac{1}{2}$	99.1	39	16.3	35.9
5	101.5	40	16.9	37.2
5 $\frac{1}{2}$	104	41	17.5	38.6
8	118.6	46.7	22.5	49.6
13 $\frac{1}{2}$	144	56.7	35.2	77.6

AVERAGE HEIGHT AND WEIGHT OF GIRLS.

At Age.	Cm.	Inches.	Kilos.	lbs.
4½	98	38.6	16	35.3
5	100.9	39.7	16.6	36.6
5½	103.8	40.9	17.3	38.2
8	117.3	46.2	21.8	48
13½	145.2	57.2	36.7	80.8

The number of children found by the School nurses to have obtained treatment, after being recommended to do so by the Medical Inspector remains at a low figure (22.4%), although an improvement is being shown in the early part of 1913. I have drawn attention to this before, but must do so again. The attitude of the vast majority of parents present at the school inspections appears to be entirely sympathetic, yet it leads to very little. It will apparently be a long time before parents, as a class, can be educated to the understanding of the fact that chronic ailments, which do not actually make the child ill, are yet of high importance as determining factors in the future wage-earning capacity of the individual, not to speak of the personal loss of the capacity of enjoying life to the full. One hears a great deal about preventing preventible diseases, but the public needs still more education in the necessity for the cure of curable complaints. I am aware that poverty is one of the great causes of this neglect, but in many other districts, including rural ones, where medical attendance is an extreme burden on the parents, the figures for treatment obtained are over 90%. The most striking instance of need for the treatment of a chronic complaint, is that of enlarged tonsils; cases are found where the child is continually absenting from school with colds and sore throats, yet, although the parents to all appearances are ready to believe that a slight operation will obviate this, and

enable the child to grow up stronger and better educated, nothing is done. Deafness and discharging ears would appear to be very obvious to parents, yet they too are neglected. Defective vision, unless approaching to blindness, is rarely noticed by the parent, but upon being demonstrated it is still regarded as of no particular account. Carious teeth being practically universal amongst adults, it is not so surprising that they are neglected in the children, but probably they are the greatest of all the predisposing causes of ill-health. It is well recognised that the infant or child who dies is a loss to the community, and methods are propounded for preventing this loss, but it is not so well recognised that the infant or child who, because he happens to live under civilised conditions does not die but manages to scrape through life, is just as truly a loss to the State and to the family. The duty of dealing with this must naturally rest upon the family, but it devolves upon the State to educate the family into an understanding of these matters. One can only continue to urge that hygiene and mothercraft shall be made scheduled subjects, taught systematically, and have at least as much school time devoted to them as any other educational subject receives.

The proportion of defects remedied varied very widely in different schools, and, as will be seen from the following table, does not depend upon financial position of the parents:—

School.	Percentage of Defects Remedied.	
Cobholm	...	11.9
St. Peter's	...	12.5
Northgate	...	18.7
Church Road	...	19.7
St. George's	...	26.1
St. Andrew's	...	26.6
Stradbroke Road	...	27.1
Nelson	...	29.0
Edward Worlledge	...	29.8

School.		Percentage of Defects remedied.
Daniel Tomkins	...	35.7
Hospital	...	36.8
St. James'	...	40.0
Priory	...	43.1

In the remaining schools, the numbers are too small to give reliable percentages.

As this is the fifth annual report and the work is, by its nature, of a routine character, showing up the same defects of childhood in much the same proportions year after year, the general principles of these defects have been discussed in previous reports, and in the absence of any public scheme to deal with them, there is little of a general character to be noted. It remains only to record the detailed statistics of the year's work, and to make such comments on these details as may be necessary from time to time. In this connection, Dr. Harding's remarks, under the heading "Carious Teeth," page 23, are of interest.

In conclusion, to show how the work of the School Medical Service has grown up in less than five years, the repetition of the following figures for the year 1912 from the body of this report, is of interest:—

Children systematically examined at school	...	2783
Children examined at the Office	... ..	950
Total number of visits paid by children to the Office		2026
Ringworm specimens microscopically examined	...	125
Visits paid by School Nurses to children's homes		1446

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

A. N. STEVENS,

School Medical Officer.

REPORT OF SCHOOL MEDICAL INSPECTOR
 (DR. H. W. HARDING)
 FOR THE YEAR, 1912.

(c) *General statement of the scope and extent of the medical inspection carried out during the year.*

(i) VISITS TO SCHOOLS AND DEPARTMENTS.

For the purpose of inspection, which is carried out in the afternoon only, 154 visits were made: visits for other purposes were 99, making a total of 243.

(ii) THE SELECTION OF CHILDREN FOR INSPECTION.

The children inspected were selected according to their ages, and in the following order:—

(a) All children over $12\frac{1}{2}$ years.

(b) All children under 6, not previously inspected.

(c) All children born in 1904.

The principle of selecting children according to the year in which they are born is distinctly advantageous; it facilitates the work of the head teacher when getting ready the list of children to be inspected, as well as the trouble involved in getting together the duplicates of schedules when children come up for re-examination.

(iii) THE NUMBER OF CHILDREN INSPECTED.

The following table gives a classified list :—

AGE.		BOYS.	GIRLS.	TOTAL.
Born in 1904	4 — 4½ years.	59	64	123
	4½ — 5 „	82	71	153
	5 — 5½ „	90	98	188
	5½ — 6 „	94	88	182
	Over 6 „	5	1	6
	7½ — 8 „	98	97	195
	8 — 8½ „	307	261	568
	8½ — 9 „	135	161	296
	12 — 12½ „	19	9	28
	12½ — 13 „	194	212	406
	13 — 13½ „	190	200	390
	13½ — 14 „	118	115	233
	14 — 14½ „	6	3	9
	14½ — 15 „	4	1	5
	15 — 15½ „	—	1	1
		1401	1382	2783

The total of 2,783 is made up of 652 infants, 1,059 children born in 1904, and 1,072 leavers. The low number of infants is due to the fact that the previous examination of infants took place only nine months previously.

The following table shows the relation of number of children examined to those expected, and the reason for the non-examination.

		BOYS.	GIRLS.
Number examined	...	1401	1382
Number ill	...	28	38
Number away	...	12	13
Number objected	...	5	30
		—	—
Number expected	...	1446	1463
		—	—

Given as a percentage figure, it means that 96.8 boys and 94.4 girls were examined out of a possible hundred.

Regarding objectors, there appear to be several reasons actuating objection on part of the parents. Want of decent clothes or boots is a common one; in some cases, unfortunately, the examination is considered derogatory to the social status of the individual; this is specially marked in a school where a small fee is paid.

A combination of this social "swank" and ignorance produces a letter like the following:—

"Dear

I have no desire for any examination for as we have her own doctor, therefore I don't wish her to be done, as I don't believe in such ways."

- (iv) The number of children re-examined was 102; the majority of these had doubtful signs in heart or lungs on their first examination, and it was for the purpose of clearing up the doubt that a subsequent examination was made.

(v) STATEMENT OF CHIEF DEFECTS.

The attention of parents was drawn to 1000 defects in 893 children (32 %). The parents were advised to obtain further medical advice with respect to 824 defects in 749 children.

These defects were as follows:—

Defective vision or squint	...	290 or 10.4 %.
Carious teeth	... ..	346 „ 12.4 %.
Various diseases	... ..	188 „ 6.8 %.

The various diseases were:—

Naso-pharyngeal obstruction	...	65 or 2.2 %.
Otorrhœa	... ..	41 „ 1.5 %.
Deafness	... ..	50 „ 1.0 %.
General Health	... ..	11 „ 0.4 %.
Various	... ..	21 „ 0.8 %.

(c) THE TIME OCCUPIED BY INSPECTION.

On the average 18 children were examined in an afternoon of two hours: this gives an average per head of 7 minutes.

(d) *General review of facts disclosed by Medical Inspection.***Previous Illnesses—**

The percentage of children reported to have suffered from Infectious disease:—

Disease.	Sex.	Infants.	Born 1904.	Leavers.
Measles.	Boys	65	86	83
	Girls	70	90	91
Whooping Cough.	Boys	43	53	51
	Girls	52	59	58
Chicken Pox.	Boys	26	40	36
	Girls	25.7	45	48
Scarlet Fever.	Boys	5	9	17
	Girls	1	6	18
Mumps.	Boys	27	40	25
	Girls	31	37	27
Diphtheria.	Boys	2	2	9
	Girls	.3	2	8

Other previous illnesses were:—31 cases of Chorea, or Rheumatic Fever; 15 cases of Enteric Fever, and 5 Histories of Epilepsy.

The percentage figures given in the table for the commoner infectious illnesses are unreliable: parents frequently forget, and this was well shewn in the 8-year old children. Most of these had been examined 3 and 4 years ago as infants, and the schedule marked with the illnesses the child had then had. In one case the child had, as an infant, measles, chicken-pox, and whooping cough. When up for re-examination (this year) the mother stated that the child had not suffered from these. Similar cases, but not so extreme, were met with frequently.

Clothing and Footgear. In 95 cases, or 3.4%, the boots were noted as unfit for wear, and in 45 cases, or 1.6%, the clothing as extremely dirty or ragged. It must be remembered that notice is given to the parents as to the inspection, and one frequently notices new undergarments on that occasion.

Heights and Weights. The average Heights and Weights are given in the following tables :—

AVERAGE HEIGHTS.

Age in Years.	BOYS.				GIRLS.			
	No. In- spected	Total.	Inches.	Centim.	No. In- spected.	Total.	Inches.	Centim.
4 to 4½	59	5744	38.3	97.4	64	6160	37.9	96.2
4½ to 5	82	8287	39.8	101.1	71	7066	39.2	99.5
5 to 5½	90	9319	41.2	104.6	98	9966	40	101.7
5½ to 6	94	9994	41.8	106.3	88	9192	41.2	104.6
7½ to 8	98				97			
8 to 8½	307	36717	47	119.5	261	31272	47.1	119.8
8½ to 9	135				161			
12½ to 13	194	27415	55.6	141.3	212	30080	55.9	141.9
13 to 13½	190	27255	56.5	143.4	200	28934	56.9	144.6
13½ to 14	118	17154	57.3	145.3	115	16882	57.8	146.8
14 to 14½	6	896	58.8	149.3	3	442	58	147.3
14½ to 15	4	609	59.9	152.2	1	160	63	160
15 to 15½					1	155	61	155

As the ages of those children 7½ to 8 and 8½ to 9, are aggregated nearer the 8 and the 8½ respectively, and not grouped uniformly over the whole six months, the average height would be of no value.

AVERAGE WEIGHTS.

Age in Years.	BOYS.				GIRLS.			
	No. In-spected.	Total in Kilos.	lbs.	Klgrm.	No. In-spected.	Total in Kilos.	lbs.	Klgrm.
4 to 4½	59	948.5	35.5	16.1	64	994.4	34.2	15.5
4½ to 5	82	1402.2	37.7	17.1	71	1172.1	36.4	16.5
5 to 5½	90	1586.2	38.8	17.6	98	1658.7	37.2	16.9
5½ to 6	94	1741.4	40.8	18.5	88	1688.5	42.3	19.2
7½ to 8	98				97			
8 to 8½	307	7065.5	50.7	23	261	5747.5	48.5	22
8½ to 9	135				161			
12½ to 13	194	6582.2	74.7	33.9	212	7238.1	75.2	34.1
13 to 13½	190	6674.4	77.4	35.1	200	7158.6	78.9	35.8
13½ to 14	118	4340.8	81	36.8	115	4411.8	84.4	38.3
14 to 14½	6	235.4	86.4	39.2	3	120	88.2	40
14½ to 15	4	164.3	90.4	41.1	1	51.2	112.8	51.2
15 to 15½					1	45.4	100	45.4

Nutrition.—In estimating the nutrition of the child, one takes into consideration (1) the height and weight, (2) the amount of subcutaneous fat, and (3) muscular tone; this latter is suggested by the appearance of the face, by the amplitude of the respiratory movements and by finding out if the child is easily tired or not. Whilst infants have a good amount of subcutaneous fat, the 8 year old child has very little, and in these latter cases muscular tone is an important guide as to nutrition. -- Thirty-nine boys and 46 girls were noted as having poor

nutrition, whilst 3 boys and 3 girls were markedly deficient in that respect.

The percentage figures are 3 for boys and 3.5 for girls.

Condition of the Skin.—The following table gives particulars:—

		Boys.	Girls.
Pediculosis	.. ..	12	24
Cases with numerous Nits	..	35	318
Skin dirty or badly flea-bitten		26	40
Dirty Head	.. ..	43	2
Ringworm of Head	..	3	6
Scabies	.. ..	1	1
Impetigo Contagiosum	..	3	3
Alopecia	.. ..	2	1
Psoriasis	.. ..	1	0
Seborrhœa	.. ..	2	2
Eczema and Ichthyosis	..	One case each.	

Carious Teeth were present in 88 % of the boys and 90 % of the girls. The dentist was advised in 346 cases, or 12.4 % of the whole number: 113 of these were in infants, who mostly required extraction. During the past 18 months I have been paying particular attention to the condition of the teeth in children under 6 years with reference to the presence of chronic abscesses or gumboils. A total number of 1196 children gives a percentage of 12.7 suffering from this condition.

There is evidence to shew that dilatation of the heart, lasting for several months, is associated with and probably due to these abscesses: even when the heart returns to its original

size there may possibly be permanent trouble left. I have kept under observation during the last 16 months some half-a-dozen children, and this statement is made as the result. The cardiac dilatation may be toxic or inflammatory: taking the temperature gave no help, as the majority of a series of children, apparently healthy, had a temperature between 99° and 100° , that is a degree or more above the normal temperature, 98.4 .

A similar relationship between a chronic abscess and heart weakness was noticed in only a few of the elder children.

A history of rheumatism was not present in the cases followed up, nor was there any marked anæmia, both of which conditions cause dilatation of the heart. So far there is nothing to suggest that a gumboil may be a precursor of acute rheumatic fever. A very few of these children have their septic teeth extracted.

Among the 8 year old children a fair number have their first permanent tooth decayed. This is the molar which erupts during the sixth year; in 141 children of this age, taken consecutively, 34 had decay of these; the total number of molars affected were 58 out of a possible 564, or more than 10%. Very few children clean their teeth, and then usually in the morning, a time which has very little value from the point of view of preserving the teeth. Often it appears that one tooth-brush has to serve the family, and if that tooth-brush belongs to the grandmother, as has been stated to me, one cannot expect brilliant results. There is no doubt that a separate tooth-brush for each individual in a poor family is a luxury.

External Eye Disease.—Among the boys were 26 cases of Blepharitis and Conjunctivitis, 8 with Corneal Scars and one case each of Congenital Ptosis, Nystagmus associated with albinism, Phlyctenular Ulcer, Traumatic Cataract and a right atrophied eyeball following Measles. In the girls, 37 cases of Blepharitis and Conjunctivitis, 8 Corneal Scars, 2 cases of Iritis and 3 of Phlyctenular Ulcers.

Defective Vision.—All children unable to read 6/12 with one or both eyes were advised to consult their own doctor. The following table gives details:—

	BOYS.				GIRLS.			
	Unable to see 6/12.	Have glasses.	Satisfac- tory.	Have squint.	Unable to see 6/12.	Have glasses.	Satisfac- tory.	Have squint.
Infants ..	—	—	—	4	—	—	—	—
Born 1904	76 or 14 %	4	2	8	79 or 15.2 %	3	1	7
Leavers..	78 or 14.7 %	14	7	8	107 or 19.8 %	29	18	8
TOTAL	154 or 14.4 %	18	9	20	186 or 17.5 %	32	19	15

Naso - pharyngeal Disease.—Enlarged tonsils, with or without the presence of adenoids, were noted in 113 boys (8%) and 105 girls (7.5 %). Of these, 29 boys and 31 girls were advised to consult their doctor.

Adenoids, without enlarged tonsils, were noted in 5 boys and 5 girls; 3 boys and 2 girls were told to get further advice: the other 5 cases, together with 24 boys and 15 girls who were mouth breathers without post-nasal obstruction, were advised to carry out breathing exercises regularly at home.

Deflected nasal septum and enlarged turbinate bodies occurred in 24 boys and 7 girls.

Bifid uvula, the most common congenital anomaly, occurred in 10 cases.

Otorrhœa or Discharging Ears was found in 30 boys and 24 girls. Of these, 6 boys and 7 girls were under treatment.

Deafness, apart from Otorrhœa, occurred in 33 boys and 27 girls. Two boys and 3 girls were under treatment.

Speech.—Stammering is not a common complaint; 7 boys and 3 girls suffered from this disorder; 1 boy and 3 girls lisped, and 8 boys and 11 girls had nasal intonation.

Glands of Neck.

	Boys.	Girls.
Submaxillary glands, easily palpable	90%	81%
„ „ prominent ...	3%	2.2%
Posterior cervical glands, easily palpable	37.2%	28.2%
„ „ prominent	.6%	.4%
Tubercular glands or old scars—cases	7	2

It is doubtful whether palpable submaxillary lymphatic glands are pathological; on the other hand, in some children it is impossible to feel them.

Respiratory System.

	Boys.	Girls.
Bronchitis	20	31
Broncho-pneumonia and pleurisy	2	2
Tuberculosis	4 or .3%	9 or .6%
„ doubtful	23	22

It is not uncommon to come across children with signs of what might be early tubercle of the lungs; these signs are such as deficient breath sounds, or harsh breath sounds limited to one apex, a localised bronchitis. I have kept these children under observation, and in the vast majority find that these signs eventually subside; one cannot, however, infer that there is not a tubercular lesion, for it is known that 90% of children or more are affected with tubercle before the end of their school life, and as the mortality from pulmonary tuberculosis is extremely low during school life, it follows that the signs in the lungs must be evanescent and of a doubtful nature.

Other Tubercular Lesions.

	Boys.	Girls.
Of bone	1	0
Glands or scars of glands ...	7	2
Joints	3	1

History of Tuberculosis in parents or near relations was obtained in 6% of the children. In practically nearly all cases such a history implies that two or more relatives have died of consumption.

Heart Lesions were noted as follows :—

		Boys.	GIRLS.
Mitral Regurgitation	...	9 or .6%	23 or 1.6%
Mitral obstruction	...	3 or .2%	3 or .2%
Probably congenital	...	3 or .2%	4 or .3%

Three boys and 3 girls were suffering from anæmia.

Evidences of past **Rickets** were as follows :—

			Boys.	GIRLS.
Affecting chest	...	...	71	12
Affecting head or limbs	...	...	8	1

It is probable that a girl's hair or frock hides signs of rickets in the head or legs, but there is no doubt that rickets of the chest is not commonly observed. This may be due to the female type of breathing, costal rather than diaphragmatic.

Deformities noticed were as follows: In boys, amputation of right foot, infantile paralysis (4 cases), marked kyphosis, Sprengel shoulder, ankylosis of shoulder joint, loss of eye, torticollis, amputation of finger, and hip disease (2 cases). In girls, hip disease, infantile paralysis (3 cases), kyphosis (3 cases), webbed fingers, deficiency of hard palate and cleft palate.

Nervous Disease.—One boy and 1 girl were suffering from chorea; 2 boys and 3 girls gave a history of epilepsy.

Infectious or Contagious Disease.—The following table gives the complaints for which children were excluded from school under article 53 (*b*) of the Code.

				Boys.	GIRLS.
Pediculosis	...	...	...	8	20
Ringworm of the head	...	...	...	3	6
Impetigo contagiosum	...	...	...	3	3
Scabies	...	...	...	1	1
Pulmonary tuberculosis	...	...	...	1	3

The above records the exclusions made during the routine examination; further on is given the list of those excluded at the "inspection clinic."

Enlarged Thyroid was noted in 3 girls, all over $12\frac{1}{2}$, and probably of a functional nature.

Mental Condition is as follows :—

			Boys.	Girls.
Markedly backward	...	...	16	7
Dull	...	...	15	10
Mentally deficient	...	...	9	8

These figures only relate to the 8 year olds and the leavers. With regard to the latter, it is not difficult to come to a conclusion as regards the mental capacity, but with the former I find just the opposite. A fair sprinkling of the 8 year olds do not know their letters, and this makes it difficult to test their sight; a good number cannot give their age or address. To gauge the mental condition of children of this age accurately would require a longer time at one's disposal than is possible.

Ten boys and 14 girls were being **medically attended** at the time of examination.

			Boys.	Girls.
For Otorrhœa	...	...	6	7
„ Deafness	...	...	2	3
„ Corneal ulcer	...	...	1	1
„ Tonsils	...	...	1	0
„ Sight	...	...	0	2
„ Chorea	...	...	0	1

The following table gives details regarding children who were inspected in 1910 and again in 1912, and who were advised to obtain medical treatment at the prior inspection.

			Boys.	Girls.	Total.
Number examined in 1910 and 1912			290	324	614
Advised to see Doctor concerning					
sight in 1910	...	...	41	64	105
Vision improved by 1912	...	...	8	15	23

	Boys.	Girls.	Total.
Wearing glasses in 1912 ...	8	13	21
Advised to see doctor again in 1912	25	36	61
Sight good in 1910, bad in 1912 ...	8	7	15
Advised to see doctor concerning otorrhœa in 1910 ...	6	7	13
Better in 1912 ...	1	3	4
Advised to see doctor again in 1912	5	4	9
Otorrhœa coming on in the 2 years	5	4	9
Advised to see doctor for tonsils or adenoids in 1910 ...	22	22	44
Improved in the 2 years ...	14	14	28
Advised to see doctor again in 1912	8	8	16
Enlarged tonsils present in 1912, but not in 1910 ...	1	0	1
Advised to see doctor for deafness in 1910 ...	5	11	16
Advised to see doctor for deafness in 1912 ...	5	6	11
Deafness coming on in the 2 years	6	1	7
Of these last, deafness due to un- treated adenoids ...	2	0	2

The above children were between the ages of $10\frac{1}{2}$ and $11\frac{1}{2}$ in 1910, and of course $12\frac{1}{2}$ and $13\frac{1}{2}$ in 1912.

Children examined at the Education Office.

This is an "inspection clinic," and is held every school morning at 10 o'clock. During the last month of the year, this was held every Thursday at Gorleston for the benefit of the Gorleston teachers, scholars and parents, and is being continued this year. During the year 404 boys and 546 girls paid

947 and 1079 visits respectively, being an attendance per head of 2.1 for boys and 2 for girls. The following table gives details:—

			Boys.	Girls.	Total.
Impetigo ...	...	...	90	91	181
Pediculosis	...	...	18	61	79
Ringworm of head	...	...	75	49	124
„ body	...	...	13	16	29
Other skin complaints		...	45	66	111
Infectious diseases	...	...	56	103	159
General health	...	...	49	66	115
Various ...	...	...	58	94	152
			<hr/> 404	<hr/> 546	<hr/> 950

Of this number 132 were remaining on the excluded list from 1911, and 385 were excluded during 1912, as follows:—

			Boys.	Girls.	Total.
Impetigo ...	...	...	73	85	158
Ringworm of head	...	...	34	23	57
„ body	...	...	12	13	25
Scabies ...	...	...	10	10	20
Verminous	...	...	13	51	64
General debility	...	...	11	11	22
Consumption	...	...	4	6	10
Chorea ...	...	...	1	4	5
Various ...	...	...	10	14	24
			<hr/> 168	<hr/> 217	<hr/> 385

At the end of December, 1912, there were 67 boys and 63 girls on the excluded list with the following complaints:—

			BOYS.	GIRLS.	TOTAL.
Impetigo	...	...	17	16	33
Pediculosis	...	...	4	0	4
Ringworm of body	...	...	1	0	1
„	head	...	27	27	54
Scabies	...	...	4	5	9
Phthisis	...	...	10	6	16
General health	...	...	4	4	8
Various	...	..	0	5	5
			<hr/>	<hr/>	<hr/>
			67	63	130
			<hr/>	<hr/>	<hr/>

The large number of infectious diseases given in the first table is due to an epidemic of mumps which prevailed during the first half of the year. Previously, under the heading of infectious and contagious disease, are given details of the few children excluded during the routine inspection.

The average number of months that children are away for ringworm of the head is 11 for the boys and 15 for the girls, varying from 3 months to 3 years. This is probably underestimated as the child, in some cases, is away from school for a while before coming up to the Education Office.

Children suffering from Impetigo or Pediculosis are often away an unreasonably long time before the condition is fit for school; in the case of younger children it is usually due to indifference on the part of the mother, whilst in older children it appears to be done purposely, as an elder girl is handy in looking after the smaller children at home.

